BEDS, AIR FLUIDIZED

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

An air fluidized bed is used when an individual has decubitus ulcers or extensive burns. Pressurized warm air causes small ceramic beads in the bed to move which simulates movement of fluid. When an individual is placed in the bed, his/her body weight is evenly distributed over a large surface area, creating a sensation of floating.

Wound Definitions:

Stage III Ulcer:
Stage III ulcer involves full thickness skin loss with damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia.

Stage IV Ulcer:
Stage IV ulcer involves full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures.
BEDS, AIR FLUIDIZED (cont.)

Criteria:

COVERAGE FOR AIR FLUIDIZED BEDS IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

➢ Air fluidized bed is considered *medically necessary* with documentation of **ALL** of the following:

1. Stage III or IV decubitus ulcer or 3rd degree burns over 1/3 of body surface (area is on the back or both turning surfaces of the trunk)
2. Individual is confined to bed 24 hours a day and **ONE** of the following:
   - Unable to fully or partially ambulate
   - Physically or mentally unable to turn
   - Has severe pain when positioned
   - Has a defect in sensory perception
3. All conservative treatment measures have been exhausted without improvement
4. Hospitalization would be required in the absence of this bed
5. Adult caregiver is able to assist

Resources: